

## NOTICE OF APPOINTMENT OF REGISTERED AGENT AND REGISTERED AGENT'S STATEMENT

(Rev. & Tax. Code § 30165.1)

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STATE OF CALIFORNIA

Please type or print in permanent blue ink. Sign, date, and return original to:

## Office of the Attorney General of the State of California Tobacco Litigation & Enforcement Section P.O. Box 944255 Sacramento, CA 94244-2550

My Commission expires:

Sacramento, CA 94244-2550	
The undersigned Non-Participating Manufacturer ("NPM"),	hereby
appoints as	s its registered agent. Said registered
appoints agent is authorized to receive service of process on behalf of the NPM (1) provide notice to the Office of the Attorney General of the State of 30 calendar days prior to termination of the authority of the registered satisfaction of the Attorney General of the appointment of a new agent termination of the existing agent appointment. The NPM further agree appointment, the undersigned shall provide notice to the Attorney General of the attorney Genera	f California ("Attorney General") at least d agent; and (2) provide proof to the at least five calendar days prior to the es that if the agent terminates its agency neral of the termination within five ppointment of a new agent.
I hereby certify and declare that all of the statements and information	
including but not limited to any accompanying statements or attachme	
that I am a person authorized to bind the NPM making this Notice of A	Appointment either under the laws of
California or of the jurisdiction where the manufacturer resides or is of	
basis for removal of the undersigned NPM and its Brand Families from	the Directory.
This Notice of Appointment must be signed and dated i	
Signature of authorized representative for NPM:	
Title:	
Principle Place of Business (physical address):	
STATE OF) COUNTY OF)	
COUNTY OF)	
COUNTRY OF)	
On, before me,, personally knov	, personally appeared
, personally knov	vn to me (or proved to me on the basis of
satisfactory evidence) to be the person whose name is subscribed to the to me that he/she executed the same in his/her authorized capacity, a instrument the person, or the entity upon behalf of which the person a	nd that by his/her signature on the
WITNESS my hand and official seal.	
Signature	

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## NAME AND ADDRESS OF CALIFORNIA STATE REGISTERED AGENT:

Name:	
Street Address (Required-Must be within the state of California):	
P.O. Box ( Optional) :	
	Zip Code:
Telephone:	Facsimile Number:
E-mail address:	
Rev. & Tax Code 30165.1. I underst	Agent in the state of California for the above-named NPM, pursuant to CA tand it will be my responsibility to receive Service of Process on behalf of 4; and to immediately notify the Office of the Attorney General if I resign or gistered Agent.
This Notice of Appointment	must be signed and dated in the presence of a notary public.
Signature:	Date:
Print Name:	
Title:	
STATE OF COUNTY OF	)
On, be	fore me,, personally known to me (or proved to me on the basis of
satisfactory evidence) to be the person to me that he/she executed the same	on whose name is subscribed to the within instrument and acknowledged e in his/her authorized capacity, and that by his/her signature on the upon behalf of which the person acted, executed the instrument.
WITNESS my hand and official seal.	
Signature	
My Commission expires:	

